

# PROCEDURE

Dept. No. \_\_\_\_\_  
Policy No. \_\_\_\_\_  
Page 1 of 4

Department \_\_\_\_\_  
Topic \_\_\_\_\_

## I. MISSION OF THE HOSPITAL WITH RESPECT TO CHARITY CARE

Carondelet Psychiatric Care Center is committed to the provision of health care services to all persons in need of medical attention regardless of ability to pay, race, color, sex, religion, age or national origin. In order to protect the integrity of operations and fulfill this commitment, the following criteria for the provision of charity care, consistent with the requirements of WAC 261-14, are established. These criteria will assist staff in making consistent and objective decisions regarding eligibility for charity care while ensuring the maintenance of a sound financial base.

## II. DESCRIPTION OF ELIGIBILITY CRITERIA

Charity care is generally secondary to all other financial resources available to the patient, including group or individual medical plans, worker's compensation, Medicare, Medicaid or medical assistance programs, third party liability situations (e.g., auto accidents or personal injuries), or any other situation in which another person or entity may have a legal responsibility to pay for the costs of medical services.

In those situations where appropriate primary payment sources are not available, patients shall be considered for charity care under this hospital policy based on the following criteria as calculated for the twelve (12) months prior to the date of request.

- A. The full amount of hospital charges will be determined to be charity care for any patient whose gross family income is at or below 100% of the current federal poverty guidelines (consistent with WAC 261-14-027).
- B. A sliding fee schedule shall be used to determine the amount which shall be written off for patients using their available assets and with family incomes between 100% and 200% of the current federal poverty level. See attached schedule.
- C. Catastrophic Charity Care. The hospital may also write-off as charity care amounts for patients with family income in excess of 200% of the federal poverty standards when circumstances indicate severe financial hardship or personal loss.

EFFECTIVE DATE 4-24-91  
Reviewed/Approved by: Board Date: 4-24-91

DATE OF REVIEWS \_\_\_\_\_  
REVISIONS: \_\_\_\_\_  
Date: \_\_\_\_\_ Reviewed/Approved by: \_\_\_\_\_



## PROCEDURE

Dept. No. \_\_\_\_\_  
Policy No. \_\_\_\_\_  
Page 2 of 4

Department \_\_\_\_\_

Topic \_\_\_\_\_

- D. Charity Care in the form of 'indigent care' will be provided for patients deemed as transients by Collection Supervisor and approved by Manager of Business Services.
- E. GAU patients will be billed to D.S.H.S. according to D.S.H.S. regulations. However, the difference between the DRG and the GAU payment will be considered charity - GAU adjustment.

### III. PROCESS FOR ELIGIBILITY DETERMINATION

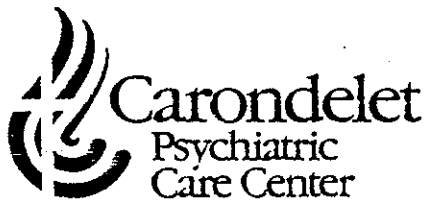
#### A. Identification of Potential Charity Care Patients:

- 1. Initial Determination: During the patient registration process, the hospital will make an initial determination of eligibility based on verbal or written application for charity care. Pending final eligibility determination, the hospital will not initiate collection efforts or request for deposits, provided that the responsible party is cooperative with the hospital's efforts to reach a determination of sponsorship status, including return of applications and documentation within fourteen (14) days of receipt.

- a. The hospital shall use an application process for determining initial interest in and qualification for charity care. Should patients not choose to apply for charity care, they shall not be considered for charity care unless other circumstances or intent become known to the hospital.

#### 2. Final Determinations

- a. Prima Facie Write-Offs. The hospital may choose to grant charity care based solely on the initial determination. In such cases, the hospital will not complete full verification or documentation of any requests, i.e. transients or indigents.
  - b. When charity care is requested, when need is indicated, or when financial screening indicates potential need, Charity care forms, instructions, and written applications shall be furnished to patients. All applications, whether initiated by the patient or the hospital, should be accompanied by documentation to verify income amounts indicated on the application form. One or more of the following types of documentation may be acceptable for purposes of verifying income.



## PROCEDURE

Dept. No. \_\_\_\_\_  
Policy No. \_\_\_\_\_  
Page 2 of 4

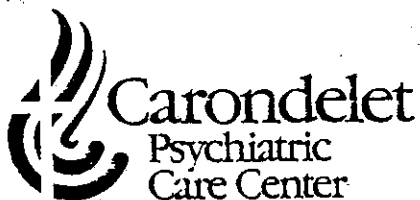
Department \_\_\_\_\_

Topic \_\_\_\_\_

1. W-2 withholding statements for all employment during the relevant time period;
  2. Pay stubs from all employment during the relevant time period;
  3. An income tax return from the most recently-filed calendar year;
  4. Forms approving or denying eligibility for Medicaid and/or state-funded Medical Assistance;
  5. Forms approving or denying unemployment compensation; or
  6. Written statements from employers or welfare agencies.
3. Time Frame for Final Determination and Appeals: The hospital shall provide final determination within fourteen (14) days of receipt of all application and documentation material.
4. Denials: Denials will be written and include instructions for appeal or reconsideration as follows: The patient/guarantor may appeal the determination of eligibility for charity care by providing additional verification of income or family size to Patient Accounts within fourteen (14) days of receipt of notification. All appeals will be reviewed by the Manager of Business Services. If this determination affirms the previous denial of charity care, written notification will be sent to the patient/guarantor and the Department of Health in accordance with state law.

#### IV. DOCUMENTATION AND RECORDS

- A. Confidentiality: All information relating to the application will be kept confidential. Copies of documents that support the application will be kept with the application form.
- B. Documents pertaining to charity care shall be retained for twelve (12) months.



## PROCEDURE

Dept. No. \_\_\_\_\_

Policy No. \_\_\_\_\_

Page 4 of 4

Department \_\_\_\_\_

Topic \_\_\_\_\_

### V. NOTIFICATION

A. Public Notification: The hospital's charity care policy shall be publicly available through the posting of a sign and the distribution of written materials indicating the policy to patients at the time that the hospital requests information pertaining to third party coverage. The hospital finds that the following non-English translations of this document shall be made available because more than 10% of the population in the service area speak this language (per WAC 261-14-020):

#### 1. Spanish

B. The hospital contracts with local minority specialists to provide interpretation services for many foreign languages.